

## **CLIP IMPROVEMENT TEAM OVERVIEW**

In September, 2010, several RSN Children's Care Coordinators expressed some concerns regarding coordination and treatment planning with some of the CLIP Programs. (CLIP is Children's Long Term Inpatient Program, Washington's 91-bed mental health inpatient system comprised of the three child units of the State Hospital and three contracted Psychiatric Residential Treatment Facilities). As a result, DBHR initiated a full day work session in November, 2010 that began to systematically address several key areas of treatment coordination between CLIP, the RSN's and community, and families of CLIP youth. Participants included RSN Children's Care Coordinators, CLIP Program Managers, CLIP and DBHR administration personnel, and parents from the CLIP Parent Steering Committee, several of whom also serve on the quarterly Children's Mental Health Committee.

This group met again in May 2011, August 2011, and in February, 2012. The group has focused on common concerns related to the admission process, discharge planning, family inclusion, integrating the national "Building Bridges" initiative, transition to the community, and reduction in length of stay. The groups separated into four subgroups that brainstormed solutions to issues raised in these areas. The subgroups were composed of representatives of each of the above group participants. The subgroups appointed representatives to help collate the work of the meeting. This work resulted in assignment of solutions to CLIP timelines that modeled the life of a case, and were divided into Access, Preadmission, Admission, Treatment, Discharge/Planning and Transition, and Community Aftercare. In August, 2011 the work of separating these solution ideas into the following three areas began:

- What can we do now with no extra funds?
- What can we do later without money?
- What can we do later if additional funding is provided?

After collating the work of the August meeting, in February 2012 the reconvened group reviewed this product utilizing different teams, with feedback to the timelines and suggested changes. These teams then focused on the Do Now activity needed to achieve the goal, who will be involved and by when it should be completed.

In May, 2012 the CLIP Improvement Team (CLIP IT) reviewed what we can "Do Now" with specific implementation recommendations from the small groups and approved the vast majority of action items. The group reviewed the suggestion that CLIP IT pilot the Building Bridges Self-Assessment Tool in Washington's CLIP system, and explored adopting it system wide as a regular quality measure. A workgroup has met to establish needed steps to carry this out, and added a youth currently in treatment to the group to obtain youth feedback into needs for implementation. The "Do Now" steps have been agreed practices across the different system CLIP IT participants and are consistent with national Building Bridges and System of Care principles, and are now in the implementation phase. The August, 2012 the CLIP IT team reviewed current action steps and is focusing on improvements in joint child and family treatment planning meetings. Washington State has now formally joined the national Building Bridges Initiative movement.

The benefit of this process has been that it is a joint, collaborative exercise that is producing shared goals for specific improvements between CLIP programs, family members using CLIP, our RSN partners and DBHR. Future steps involve methods to properly involve youth, child welfare and other system partners involved with the CLIP system in this effort. The CLIP Improvement Team takes into consideration the needs of all the represented parties and is consistent with the philosophy, goals and strategies of our Children's Mental Health Redesign and System of Care efforts.

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